

## Letter to the Editor

Suicides in India: A response to “Suicide in India – A 78 four year retrospective study” [*J Forensic Leg Med* 2007;**14**:185–9]

To the Editor,

Our letter is in response to a recently published article by Mohanty et al. on suicide in India.<sup>1</sup> At the outset we wish to congratulate the authors for their work on this important public health issue of suicides and analysis of various risk factors involved in their region. However, we have some reservations about the conclusions drawn and thus would like to seek few clarifications and contribute on this all important issue.

Male predominance in suicides is well known worldwide. We disagree with the authors when they attribute male predominance in suicides all over the world to higher population of males than females worldwide. To the best of our knowledge, male–female population worldwide and also male–female ratio is approximately equal. We would like to highlight the fact that usually, the sex ratio (numbers of boys born divided by the numbers of girls born) is slightly greater than one. Worldwide about 106 boys are born for every 100 girls. This number is also reported as the male proportion of total births, or 106/206 i.e. 0.514% or 51.4%.<sup>2,3</sup>

Authors<sup>1</sup> mention that 6% of those who committed suicide were of unsound mind. They have attributed lower incidence of mental illness to reluctance of people of their locality to attend a clinic for psychiatric complaints. Hence, it does not seem appropriate to classify other cases as having sound mental status as depicted in Table 2, in absence of proper medical history and records. Thus we do not agree with the authors' conclusion that mental illness is not a big hazard for committing suicide. We also wish to seek clarification on what the authors exactly mean by unsound mind and mental illness.

Authors<sup>1</sup> describe financial burden (37%) followed by marital disharmony (35%) as two major reasons for suicide. They have elaborated on what they mean by marital disharmony, but not on cause and type of financial burden. We believe that usually both the reasons are interrelated and there ought to be an overlap between the two major reasons especially when marital disharmony as per the authors includes causes like large family, drug addiction,

disease/disability of family member etc. We seek clarification from the authors regarding the same. Further in figure 4 relating the various reasons for suicide, “others” and cause of “sudden emotional outburst” are not elaborated. Suicide as an act usually occurs after sudden emotional outburst owing to different reasons. It would benefit the readers if the authors elaborate on the prime reason for sudden emotional outburst.

Authors<sup>1</sup> have classified the study population into three groups; upper, middle and lower. Criteria behind this classification needs to be explained especially when sample contains three types of population; rural, semi-urban and urban. Financial burden in people with similar income in rural, semi-urban and urban population will be different. We feel that the average income of people in their region separately in all three set-ups should be the basis of division into low, middle and high income groups. More than 3/4 victims in the study belonged to rural (48.9%) and semi-urban (26.6%) areas. It appears to be the probable reason why similar population (48.3%) belongs to lower and middle (36%) socio-economic status in the study as per their classification.

Minimum age of marriage in India is 18 years for girls and 21 years for boys. Moreover, child marriages are not uncommon in rural parts of India. Majority of the Indian population especially those living in rural and semi-urban India are married. In the study more than 80% victims were aged 21 and above and more than 75% lived in rural and semi-urban areas. Thus we disagree with the authors conclusion on marriage as a risk factor for suicides. There needs to be a proper justification before embarking on such a sensational remark on marriage.

## References

1. Mohanty S, Sahu G, Mohanty MK, Patnaik M. Suicide in India – A four year retrospective study. *J Forensic Leg Med* 2007;**14**:185–9.
2. IDB Summary Demographic Data. <[www.census.gov/ipc/www/idb-sum.html](http://www.census.gov/ipc/www/idb-sum.html)>.
3. Our Stolen Future: Changes in sex ratio. <[www.ourstolenfuture.org/news/science/reproduction/sexratio/sexratio.htm](http://www.ourstolenfuture.org/news/science/reproduction/sexratio/sexratio.htm)>.

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